PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

INSTRUCTIONS: This	APR 1 7 2007	for transmitting the ISS	or Fax	Commissioner for P.O. Box 1450 Alexandria, Virg 571)-273-2885	ginia 223	13-1450	
appropriate. All further indicated unless correcte maintenance fee notificat	od beled that the of our	ng the Patent, advance herwise in Block I, by	orders and notification (a) specifying a new co	of maintenance fees respondence address	uired). Blo- will be ma s; and/or (b	cks I through 5 s iled to the current o) indicating a sepa	hould be completed who correspondence address arate 'FEE ADDRESS'' t
CURRENT CORRESPONDE	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address			Note: A certificate of mailing can only be used for domestic mailings of U Fee(s) Transmittal. This certificate cannot be used for any other accompanyir papers. Each additional papers such as we residently the second such as the second such			
32915	7590 03/28	1/2007	h	ave its own certificat	e of mailin	g or transmission.	or or rotten drawing, min
	TMENT - TP12 UDGELAND AVE	•	I S a b	hereby certify that the traces Postal Service diressed to the Maransmitted to the USI	rtificate of his Fee(s) 1 with suffici il Stop ISS PTO (571) 2	Mailing or Trans fransmittal is being ent postage for fire SUE FEE address 273-2885, on the d	mission g deposited with the Unite st class mail in an envelor above, or being facsimi ate indicated below.
04/18/20J7 HETEK P2-8660	0017460228 1064	6115	[Elaine A. N			(Depositor's name
01 FC:1501 -1400.00	DA			Cleman	$\overline{\alpha}$	Vieta	(Signature
02 FC:1504 300.00				April 17, 2	2007	· fe-	(Date
03 FC:8001 30.00 APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR ·	ATTORNI	BY DOCKET NO.	
. 10/646,115	08/22/2003		William A. Bernard			378-CON-2	CONFIRMATION NO.
TITLE OF INVENTION:	CABLE DUCT COUP	EER	والمستحد بمسجع بديود والساه	Land of the same	. ناماند سره سارــــــ	~: " —	8907
	,						
APPLN. TYPE	SMALL ENTITY	. ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE T	OTAL FEE(S) DUE	DATE DUE
nonprovisional	. NO	\$1400	\$300	\$0	:!	\$1700	06/28/2007
EXAMI	NER .	ART UNIT	CLASS-SUBCLASS	٦.			•
WOOD, KIM	WOOD, KIMBERLY T		248-068100				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or	ype)			
PLEASE NOTE: Unler	ss an assignce is identi- in 37 CFR 3.11. Comp	fied below, no assignee	data will appear on the	patent. If an assign	ee is identi	fied below, the do	cument has been filed for
(A) NAME OF ASSIGN	NEE		(B) RESIDENCE: (CIT	TY and STATE OR C	OUNTRY))	
Panduit Cor	p.	•	Tinley Park	, Illinois			
Please check the appropria	te assignee category or	categories (will not be pr	inted on the patent):	Individual (Co	orporation o	r other private grou	ip entity
4a. The following fee(s) ar			p. Payment of Fee(s): (Pl	ease first reapply an			
72 1880C FCC			A check is enclosed.				
Advance Order - # of Copies 10			Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number: 16-0228 (enclose an extra copy of this form).				
5. Change in Entity Statu a. Applicant claims	s (from status indicated SMALL ENTITY status	above)	b. Applicant is no lo			•	
NOTE: The Issue Fee and interest as shown by the re-	Publication Fee (if requeered of the United State	ired) will not be accepted as Patent and Trademark	from anyone other than	the applicant; a regis	stered atton	acy or agent; or the	assignce or other party in
Authorized Signature		7.mil		Date Apri			
Typed or printed name Robert A. McCann			Registration No. 35, 606				
This collection of informati an application. Confidentia submitting the completed a this form and/or suggestion Box 1450 Alexandra Vin	ion is required by 37 CF lity is governed by 35 I application form to the infor reducing this burd	R 1.311. The information J.S.C. 122 and 37 CFR USPTO. Time will vary len, should be sent to the	n is required to obtain or 1.14. This collection is e depending upon the ind Chief Information Office				by the USPTO to process) gathering, preparing, and you require to complete

13-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE